FORM TO BE USED I				¬
UNDER THE C	VIL RIGHTS ACT	, 42 U.S.C. §	1983 FILED	ENTERED
IN THE UNIT	ED STATES DIST	RICT COU		RECEIVED
FOR THE	DISTRICT OF MA	RYLAND		
ROBERT JACKSON #	293-337		APR 0 4	
WCI		дY	A1 BALTIN LERK U.S. DIST DISTRICT OF I	AORE RICT COURT (ARYLAND () DEPUTY
13800 Uc Mullen High	nway	5.	Ma	
	502			-
(Full name, prison identification				
number and address of the plaintiff) .				
v.	Civil A	Action No	LOQ	-13-10
0.41	(Leave	blank on initial	filing to be fi	lled in by Court.)
Bobby Shearin et.	26. (CO. Shi	ubune a	nd C.O	. Walker)
NBEL				. , ,
14100 McMullen High	way			
Cimberland MD Sis	19			
(Full name and address of the defendant	nt(s))			
	COMPLAINT			
I. Previous lawsuits				
A. Have you filed other case in this case or against the	es in state or federa	ıl court deali	ng with the	same facts as
in this ease of against the	same defendants?			
YES □ N				
B. If you answered YES, de	scribe that case(s) is	n the spaces	below.	
1. Parties to the other	er case(s):			
Plaintiff:			<del></del>	
				·

		2.	Court (if a federal court name the district; if a state court name the city or county):
		3.	Case No.:
		4.	Date filed:
		5.	Name of judge that handled the case:
		6.	Disposition (won, dismissed, still pending, on appeal):
		7.	Date of disposition:
п.	Adm	inistra	tive proceedings
	A.	If yo admi	ou are a prisoner, did you file a grievance as required by the prison's inistrative remedy procedures?
			YES ☑ NO □
		1.	If you answered YES:
			a. What was the result? It was dismissed claiming & did not have a medical problem.
			b. Did you appeal?
			YES ☑ NO □
		2.	If you answered NO to either of the questions above, explain why:

III.	Statement of claim			
	(Briefly state the fac			

ts of your case. Include dates, times, and places. Describe what each defendant did or how he/she is involved. If you are making a number of related claims, number and explain each claim in a separate paragraph.)

IV. Relief (State briefly what you want the Court to do for you.)

SIGNED THIS <u>29</u> day of,

(original signature of plaintiff)

WCI (address of plaintiff)